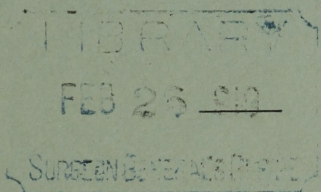


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WILLIAM PALMER LUCAS, M.D. (SAN FRANCISCO)
Professor of Pediatrics, University of California Medical School (on
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of Civil Repairs, American Red Cross
PARIS, FRANCE



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RED CROSS INFANT MORTALITY CAMPAIGN IN FRANCE

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The work of the Children's Bureau up to January 1 was principally concerned with the immediate care of refugee and *rapatrié* children, the establishment of hospitals, clinics and refugee homes, and the aiding of both French and American child welfare societies in their work. During these first six months a preliminary study was made of general health conditions in France, as related to mothers, infants and children. These problems, outside of the immediate undertakings referred to, are not, generally speaking, acute, but simply the inevitable result of the withdrawal of physicians from general practice.

GENERAL HEALTH CONDITIONS

If one could picture cities, towns and villages practically devoid of medical and nursing service for the general population, one would have a fairly accurate idea of the health conditions in France after four years of war. The larger cities have from 50 per cent. to 25 per cent. less physicians than before. The city of St. Etienne, with a population of 180,000, had 120 physicians before the war. Now, with an increase of population, 250,000, people have the services of fourteen physicians only.

SCARCITY OF PHYSICIANS

In the villages surrounding the American Red Cross Convalescent Hospital for Children at Ste. Foy l'Argentière, our physician finds that most of them have been without a physician since the mobilization, and the establishment of clinics in these villages becomes inevitable if we are in any way to help the health situation. These two instances of a manufacturing and mining center like St. Etienne and the rural communities about our hospital show what the existent conditions are far from the war zone, and are typical of the whole of France.

DECLINING BIRTH RATE

What the accurate infant mortality rates are in France is impossible to state owing to the fact that compilation and analyses of statistics have been in abeyance. Certain general statistics are known to be fairly

accurate. There can be no question that the birth rate in France has dropped in an appalling degree. The reason is plain. The men of France have been in the trenches for four years and the women of France have been filling their places in factories and workshops. Before the war some 5,000 women only were employed in factories. Today there are over 800,000 women so employed. The mere contemplation of these figures, the rapid exodus of women from the home, and the absence of the men in the trenches gives ample reason for the lower birth rate.

France's birth rate before the war was known to be just paralleling her death rate with a surplus margin that kept her total population a little above the level. Since the war her total death rate has increased to an extent it is impossible to estimate, but with this increased death rate and the inevitable diminution in birth rate the result today is that the birth rate is 40 per cent. below the total death rate, a figure which no country has ever reached before except as it began to pass out from among the group of first class nations. It is farthest from American thought to criticize or to cast any reflections on this situation. It is the inevitable result of a nation's heroic stand against odds which few in this country (America) have ever contemplated.

EFFORTS MADE TO REDUCE INFANT MORTALITY

It was a study of these appalling conditions which brought us to the point of attempting to do something to right them and to save the nation. The Department of Civil Affairs of the American Red Cross is attempting this in many different ways and its effect on the morale of the general population as well as the soldier in the trench is being felt in every part of France. During the past eight months I have been in almost every quarter of France and this attempt has been felt in all of them, resulting in a renewed courage as well as better conditions. The part which the Children's Bureau has undertaken in this work has already been referred to in part in the foregoing. Its direct work for the reduction of infant mortality is the means which we have chosen to affect the difference in the birth rate and the total mortality. Before the war approximately 80,000 babies died annually in France; the total infant mortality rate below one year was approximately 111. Our study showed that the government had been so occupied with the questions of war urgency that no definite program for the reduction of infant mortality had been formed. This does not mean that France was unmindful of the situation—far from it. The Senate, the Chamber of Deputies, the medical societies had all discussed the danger signals of their present situation.

WOMAN LABOR IN THE INDUSTRIES

The subject of woman labor in the factories has been the pivot of many important discussions, but the exigencies of the situation have absolutely demanded her presence. It was not a question of what was best for the future of the race, but of how to meet the acute pressure of the present. Certain definite steps have been taken to ameliorate the condition of women in the factories, most noteworthy among them being Paul Strauss' law of August, 1914, which allows an allocation of 1 franc a day for the mother one month before the birth of her child, and 1½ francs per day for four weeks after the birth of the child. This has had a powerful influence in increasing the birth rate, and it is one of the objects of our campaign to see that this law is put into force throughout the country. The conditions of the Roussel law, making it mandatory for factories to have *chambres d'allaitement* and *crèches* for nursing mothers and babies, and the creation of factory inspectresses to see that these laws are carried out, shows the earnest intent of the government to right as far as possible the deplorable conditions created by this ghastly war.

WOMEN ENGAGED IN WAR WORK

In the Academy of Medicine, throughout the whole period of the war, the discussion relating to infant mortality and the lowered birth rate has ebbed and flowed. Every one is familiar with Pinard's firm stand against the employment of women in factories. It is not for us to dispute the pros and cons of this question. The fact remains that to save France, the women had to work and the French mother preferred to work although it jeopardized the future to save the present, and who will gainsay the wisdom of her policy? We are facing facts, not theories, and in conjunction with the Ligue contre la Mortalité Infantile and the federal government, the Department of the Interior, the Service de Santé, the Children's Bureau of the American Red Cross have worked out a definite program. In the Ligue are the foremost representatives of the medical profession in France interested in women and childhood, as well as the most intelligent social workers, philanthropists and educators. Senator Paul Strauss, author of the beneficent law just referred to, is its president. Dr. Marfan, of international reputation as a pediatrician, is its first vice president. Dr. Le Sage, another well known pediatrician, is the secretary of the Ligue.

PREVENTIVE MEASURES ADOPTED

After careful study and discussion of the situation a program based on simple but fundamental principles has been adopted. The underlying principle of the program is that the simplest means are often the

most efficacious; that preventive measures are far more forceful in lowering infant mortality than curative measures, and that these measures must start in the prenatal period, and must reach every mother a long enough time before the birth of her child to ensure as nearly as possible a normal pregnancy and a healthy baby. Every baby will be "followed up" so as to prevent illness.

Every one is familiar with the fact that our present preventive measures for the infant originated in France, by the establishment by Budin of the *nourrissons* clinics in 1891. These clinics exist throughout France and one of our main methods of procedure in this campaign is to see that all these clinics are functioning to their fullest capacity and that to each one is attached health visitors to follow the mother and child into the home, thereby insuring necessary medical advice at regular stated periods. Wherever such clinics do not exist or have been closed they are started or reopened. Most of the women available for health visitors and nurses have been withdrawn to the *blesé* hospitals (hospitals for wounded) and the importance and need for establishing health visitors for mothers and infants has been emphasized by the creation of short intensive courses for women who have been working in *blesé* hospitals, or who have had hospital and Red Cross training of different kinds. Such courses have been established in Paris, Lyons, Marseilles and Bordeaux, and it is to be hoped that the influence and effectiveness of these health visitors will be manifested before long in the increased attendance at prenatal and *nourrissons* clinics, and that the resulting attention and care of the pregnant mother will diminish the rising abortion figures, increase the number of births and markedly diminish the number of deaths.

These two main lines of procedure cannot be questioned. There is no possible conflict between such methods and any particular school of thought. They are obviously the common sense methods of reaching our desired results. In any given locality these methods bring us in touch with every mother and child, and strengthen existing institutions that deal with mothers and children, developing them to their fullest capacity and only creating new ones where none have previously existed, or where the needs of the locality have outgrown the existing ones.

COMPLETE COOPERATION

The unification of effort among existing and newly created institutions is one of our chief objects. This is done by bringing together all those interested in mother, infant and child, and the common purpose, that is, reduction of infant mortality, for which we are all working, has always been sufficient to establish a local program to which all contribute that which they are best equipped to give. The

government, with its centralized power to put into effect existing laws, and to strengthen and enlarge their intelligent methods of public health and charity—everywhere the effective cooperation and backing of the Prefet and Mayor has been secured first and never has it been refused—and the institutions which the government has already created, have been supported.

In France, as elsewhere, private philanthropic efforts are supplementary to the governmental efforts. In some places they have attained more prominence than in others, but our aim has been to support all as impartially as possible, simply keeping in mind a unified and definite program in each locality as the great essential for the success of any public health movement.

The medical profession, all those interested in mother and child, are always brought together on a central committee, and the local problems and means for meeting them are carefully discussed, and the details for particular situations worked out. The Children's Bureau of the American Red Cross has no idea that it can in any way supply the lack of physicians throughout France. All it can aid the French Government and the Ligue in doing is to unite all available forces, governmental, philanthropical and medical, in a preventive educational program.

Wherever institutional, hospital or dispensary needs are greatest the Children's Bureau is establishing such clinics and hospitals, as, for instance, in overcrowded manufacturing centers or cities that have been forced to receive thousands of refugees from the invaded districts.

PUBLIC EDUCATIONAL WORK

To realize to the fullest extent such a program it is necessary to create and guide public opinion. For this a definite educational division of the Bureau has been established, which has already achieved much in its single traveling exhibit on infant and child welfare. This exhibit, during the months of January and February, covered the Department of the Eure-et-Loire in conjunction with an exhibit on tuberculosis prepared by the Rockefeller Commission. The results of this traveling exhibit have far exceeded our expectations. It was simplicity itself in its design and equipment, consisting of three series of panels dealing with infant and child welfare, such as the importance of breast feeding, simple hygiene, fresh air, and bathing, etc. There are five posters which call attention to the saving of the baby, and these are most popular. Three small booklets, one on the "Future Mothers," one on "The Nursing of the Child," and the third emphasizing simple hygiene, were used most successfully. A short moving picture on the advantages of nursing the baby, bathing the baby, and other methods

which promote health, with a lecture illustrating the points covered by the panels and books, is much appreciated. Demonstrators, both American and French, talk of the work, give practical suggestions to the mothers, and hold short conferences with the mothers on these subjects. Some of the conferences are held in the evening for the factory women, and they are always crowded. These occasions have been brightened by serving hot chocolate on the cold winter nights to these tired women who were interested enough in their babies to come to the conferences after their hard day's work.

EXTENSIVE EXHIBIT HELD AT LYONS

During the latter part of April we carried on a more extensive and elaborate exhibit in Lyons. At this exhibit we had complete representation of all child welfare work, including prenatal, with booths, demonstrations and talks on prenatal care, the proper bath for the newborn child, a booth concerning preparation of milk and care of the baby, and a separate booth in the center of the building where the care of the baby was actually demonstrated, bathing, dressing, and proper way to have the baby sleep and play. In connection with the proper equipment for baby's room the education of young children was also demonstrated practically, as was similarly the recreational work for younger and older children. We had complete booths on dental hygiene, hygiene of the mouth and throat; work on tuberculosis was shown from an exhibit borrowed from the local tuberculosis bureau and from the Rockefeller Foundation. We had a continuous lantern slide demonstration at one end of the hall, and at the other end moving pictures of many of our best American and English films, which had been adapted to the French.

A NOVEL EXHIBIT

One of the novel features of this exhibit was the use of the French *guignol*, what we would call a Punch and Judy show. This is a national form of entertainment which in many places has the same place in entertaining the public as the moving picture has in this country. We adapted a very good scenario, demonstrating the need for breast nursing the infant, and it was so popular that we had great trouble keeping people away from overcrowding the room at all times when it was being shown. These exhibits and the educational work had been planned in the most part by Mr. Philip Platt, who has had a great deal of experience in this type of work, the success of both our traveling exhibits and our larger Lyons exhibit largely being due to his untiring work and keen appreciation of the French point of view. Lately Miss Ellen Babbitt, who was formerly with the Russell Sage Foundation, and who had a great deal to do with the Philadelphia

baby show, has had charge of the arrangement and development of new material for our exhibits. We have had many voluntary aids and assistants in this work, the National Kindergarten Association taking charge of the kindergarten work, and members of the best recreational schools having supervision of the recreational field.

LARGE ATTENDANCE

The total attendance for our three weeks in Lyons was over 170,000. Between 30,000 and 50,000 school children attended it, the rest being mainly from the working and industrial class of people. The interest shown in the exhibit was perhaps best illustrated by the fact that we were able to gather all types of people together. The Mayor of Lyons, who is probably one of the most progressive and dominant characters in France, Mayor Herriot, had a great deal to do with our success. The Préfet of the Department cooperated most heartily from every point of view, the Cardinal of the diocese lent his aid, and both the general and local military authorities were at all times most cooperative and did everything to assist and to show their approval of the work. This exhibit in Lyons is the beginning of a very large center for our work, and Dr. Clifford G. Grulee of Chicago has taken charge of this department.

EXHIBIT AT MARSEILLES

In June the exhibit was transferred to Marseilles where we developed a large exhibit along exactly the same lines and received the same type of encouragement and enthusiasm from all groups of people. Of course, the problem in Marseilles was quite different from that in Lyons, as the population is very much more diverse. Here is the meeting ground for all races and all colors. I have seen no city in all my experience that in any way is so fascinating as is Marseilles at the present time. We hope to continue these exhibits in larger or smaller dimensions in practically all the cities of France, hoping some time during the fall, if it is at all possible, to have an exhibit and conference of as many workers as possible in Paris. This in conjunction with the backing which we have at all times received from the Department of Interior, Public Health Service, of which M. Brisac is the chief, and from the National Association for the Prevention of Infant Mortality, of which M. Paul Strauss is President, both of which have in every way cooperated with us and with whom we are working out a national program. It is in conjunction with this bigger movement that the French Government and the National Association for the Prevention of Infant Mortality of France and the Red Cross decided on a visit by their representative, Dr. Paul Armand-Delille, and myself to this country, to study public health questions, especially those related to infant welfare.

SHORT NURSING COURSES

Since January, in cooperation with the Rockefeller Foundation, we have established a number of short nursing courses for health visitors, one in Paris, one in Lyons and one in Marseilles, and are cooperating with some of the French training schools for short courses in Bordeaux and in some of the other cities. These courses are to meet the need for French workers in our dispensaries, in the "follow up" work, which has been found so essential to all social medical work in our own cities. The course is mainly practical, with a minimum number of lectures, not more than one lecture a day, the practical work being in conjunction with our hospitals or dispensaries and intensive "follow up" care of the sick. In this way we are hoping to train a large number of French workers for our medical social service, not to do perhaps the actual nursing, as is done by our trained nurses in this country, but to carry on the work of following up the patients from dispensaries, both from medical and social service standpoints. It is an experiment that we feel is of great importance. Its development undoubtedly will change from time to time, but that there is need for such workers not only in France but at home, I think present conditions are proof enough to all of us. Just what this type of worker will be is, of course, very difficult to say at the present time, but some development of a new field for less highly specialized workers than our trained nurse or public health nurse is sure to result.

THE PSYCHOLOGIC TIME

What I have seen not only in France, but also in England and in this country since returning, has convinced me that now is the psychologic time to develop and coordinate all our child welfare work in this country. I feel that all the different medical associations which represent the best medical thought in child welfare should certainly get together on a definite coordinated program for this country, and back up our governmental bureaus dealing with child welfare problems. This year in America has already been proclaimed by President Wilson as the "children's year," and it will be a great lost opportunity unless some national program which coordinates all the best efforts both private and governmental is worked out and put on a very sound basis. I am hoping that every effort will be made to take advantage of this psychologic situation, and I am sure that every one interested in the problem is doing his utmost to bring this about.

